

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">16782132</div>	Filing Date			
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51				
2							52				
3							53				
4							54				
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9			1				59				
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total Indep			3			
Total Depend			21			
Total Claims			24			